



TALKING BOOKS

Access Services

12000 Government Center Parkway, Suite 123

Fairfax, VA 22035-0012

(703) 324-8380 TTY (703) 324-8365

FAX (703) 324-8386

E-mail: access@co.fairfax.va.us

APPLICATION FOR FREE LIBRARY SERVICE

PLEASE PRINT OR TYPE

DATE: _____

NAME: LAST _____ FIRST _____ M. I. _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

COUNTY _____ BIRTH YEAR _____

PHONE HM (____) _____ WK (____) _____ FAX _____

E-MAIL _____

NOTICE: Records relating to patrons of this library are confidential, as provided for in chapter 26, Code of Virginia, the Privacy Protection Act.

ALTERNATE CONTACT PERSON:

NAME _____ RELATIONSHIP _____

ADDRESS _____

PHONE HM (____) _____ WK (____) _____ FAX _____

E-MAIL _____

TYPE OF DISABILITY. Check all that apply:

- ☐ Blindness - Corrected visual acuity of 20/200 or less in the better eye, or a visual field of 20 degrees or less.
- ☐ Visual Handicap - Inability to read standard printed material without special aids or devices other than regular glasses.
- ☐ Physical Handicap - Inability to read or use standard printed material as a result of physical limitations, e.g., paralysis, missing arms, or hands, or extreme weakness.
- ☐ Reading Disability - Organic dysfunction of sufficient severity as to prevent reading printed material in a normal manner.
- ☐ Deaf/Blind.

CERTIFICATION: In cases of blindness, visual handicap, or physical handicap, certification may be made by doctors of medicine or osteopathy, ophthalmologists, optometrists, registered nurses, therapists, professional staff of hospitals, institutions, and public or welfare agencies. In the absence of any of these, certification may be made by professional librarians or by any person whose competence under specific circumstances is acceptable to the Library of Congress.

READING DISABILITY certification must be by a doctor of medicine or osteopathy who may consult with colleagues in associated disciplines.

I certify that the applicant named is unable to read or use standard printed material for the reason(s) indicated.

NAME _____ TITLE _____

ADDRESS _____ OCCUPATION _____

PHONE () _____ DATE _____ SIGNATURE _____

SERVICES REQUESTED:

- ☐ **Cassette Books:** Books recorded on 4 track cassette, cassette player provided.
 - ☐ **Magazines:** Variety of titles on cassette or braille. List available.
 - ☐ **Braille Books**
 - ☐ **Large Print Books:** Available in each branch of the Fairfax County Public Library.
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SPECIAL ATTACHMENTS NEEDED:

- ☐ **Remote Control Unit.** For people with low mobility. A special application is necessary.
- ☐ **Headphones.** For people confined to areas where the use of speaker is unacceptable or prohibited.
- ☐ **Amplifier.** A special application, signed by a physician or audiologist, is necessary.
- ☐ **Pillow phone.** Solely for readers confined to bed.
- ☐ **Extension Levers.** For turning machines off and on for those with limited use of their hands. For cassette machines only.

SERVICE PREFERENCE:

- ☐ Send ONLY the specific titles I request. Do not select titles for me.
- ☐ I will accept selections made by library staff in the following subject areas indicated in addition to selections that I make.

COMPREHENSION LEVEL:

- ☐ Grades K-3 ☐ Grades 3-6 ☐ Grades 6-9
- ☐ Young Adult ☐ Adult

Foreign languages in which you are fluent: 1ST LANGUAGE _____
2ND LANGUAGE _____

- CONTENT PREFERENCE:** ☐ NO LONG TAPES (OVER 3 CASSETTES)
- ☐ NO STRONG LANGUAGE ☐ NO EXPLICIT SEX ☐ NO VIOLENCE

ADULT READING SUBJECT PREFERENCES:

___ Adventure
___ Animals
___ Best Sellers
___ Biography
___ Type _____
___ Computers
___ Minority Concerns
___ Classics
___ Current Events
___ Politics & Gov't
___ Business
___ Movies and TV
___ Plays
___ Poetry
___ Family Sagas
___ Health
___ Humor
___ Historical Novels
___ Setting _____
___ U.S. History
___ Time Period _____
___ World History
___ Area _____

___ Mystery/Detective
___ Occult/Horror
___ Philosophy
___ Psychology
___ Parenting
___ Religion/Bible
___ Romance
___ Science Fiction
___ Fantasy
___ General Fiction
___ Science/Nature
___ Sports
___ Travel
___ Suspense
___ Virginia
___ War
___ Westerns
___ Spy

Other areas of interest:

AUTHORS: _____

SUBJECTS: _____

CHILDREN:

___ Mysteries
___ Adventures
___ Modern Novels
___ Animals
___ Preschool
___ Humor
___ Sports
___ Science
___ Science fiction
___ Biographies
___ History
___ Fantasy
___ Folktales, Legends
___ Poetry
___ General nonfiction
___ Kids with disabilities
___ Romances (YA)

Equipment and special attachments are supplied free to eligible persons on extended loan. If this equipment is not being used in conjunction with our recorded reading material, IT MUST BE RETURNED TO THE LIBRARY.

☐ The Virginia Department for the Visually Handicapped provides other services to eligible Virginians. Check here if you wish to learn more about these services.

☐ In the lending of books and equipment, preference is given, by law, to VETERANS. Please check here if you have been honorably discharged from the Armed Forces of the United States.

You will receive a bimonthly publication, **Talking Book Topics** and/or **Braille Book Review**, which lists new books added to the collection and includes an order form.

Please indicate the format you wish to receive:

☐ LARGE PRINT

☐ CASSETTE

☐ COMPUTER DISK

☐ BRAILLE

Please indicate the format you wish to receive the Library newsletter, *LOUD* and *CLEAR*:

☐ LARGE PRINT ☐ CASSETTE ☐ BRAILLE ☐ E-MAIL

Also available on the Library Website - www.co.fairfax.va.us/library

FREE MATTER for the
Blind and Physically
Handicapped Manual PT.138

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